

Application Data Sheet**APPLICATION INFORMATION**

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD Disks:

Number of Copies of CDs::

Sequence Submission?: Paper

Computer Readable Form (CRF)?:: Yes

Number of Copies of CRF:: 1

Title:: BROTHER OF THE REGULATOR OF IMPRINTED
SITES (BORIS)

Attorney Docket Number:: 230295

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets:: 12

Small Entity?: No

Latin Name::

Variety denomination name::

Petition Included?:

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?: No

APPLICANT INFORMATION

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Victor V.
Middle Name::
Family Name:: Lobanenkov
Name Suffix::
City of Residence:: Rockville
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 561 Longhorn Crescent
City of mailing address:: Rockville
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20850

Inventor Authority Type:: Inventor
Primary Citizenship Country:: Ukraine
Status:: Full Capacity
Given Name:: Dmitri I.
Middle Name::
Family Name:: Loukinov
Name Suffix::
City of Residence:: Germantown
State or Prov. of Residence:: MD
Country of Residence:: US
Street of mailing address:: 19120 Wheatfield Drive
City of mailing address:: Germantown
State or Province of mailing address:: MD
Country of mailing address:: US
Postal or Zip Code of mailing address:: 20876

Inventor Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Herbert C.
Middle Name::	
Family Name::	Morse
Name Suffix::	III
City of Residence::	Rockville
State or Prov. of Residence::	MD
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Street of mailing address::	6104 Nightshade Court
City of mailing address::	Rockville
State or Province of mailing address::	MD
Country of mailing address::	US
Postal or Zip Code of mailing address::	20852

CORRESPONDENCE INFORMATION

Correspondence Customer Number::	45733
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REPRESENTATIVE INFORMATION

Representative Customer Number::	45733
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Representative Designation::	Registration Number::	Representative Name::
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DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US03/05186	02/21/03
PCT/US03/05186	Non Provisional of	60/358,889	02/22/02

FOREIGN APPLICATION INFORMATION

Country::	Application Number::	Filing Date::	Priority Claimed
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ASSIGNEE INFORMATION

Assignee name::	The Government of the United States of America, as Represented by the Secretary, Department of Health and Human Services National Institutes of Health, Office of Technology Transfer
Street of mailing address::	6011 Executive Boulevard, Suite 325
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State or Province of mailing address::	MD
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